


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90052 033 ***150.00

DOCUMENT # P05000090831 1. Entity Name CK NEW YORK PIZZA INC.	
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Principal Place of Business 5510 N OCEAN DRIVE UNIT 16-A SINGER ISLAND, FL 33404	Mailing Address 5510 N OCEAN DRIVE UNIT 16-A SINGER ISLAND, FL 33404
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACDONALD, CHARLES
5510 N OCEAN DRIVE UNIT 16-A
SINGER ISLAND, FL 33404

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles MacDonald* VP/Treasurer KELLER WHALEN VP/TREAS. 1/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEN, KELLER 5510 N OCEAN DRIVE UNIT 16-A SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, CHARLES 5510 N OCEAN DRIVE UNIT 16-A SINGER ISLAND, FL 33404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles MacDonald* VP/Res. KELLER WHALEN VP/TREAS. 1/21/07 561 213-3942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #